

MAILING ADDRESS

Department of State Health Services
Environmental and Sanitation Licensing
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**TEXAS**Health and Human
Services

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Texas Department of State
Health Services**FOR DSHS USE ONLY:**BUDGET/FUND: ZZ110-112

Remit #: _____

Remit Date: _____

Youth Camp - Sexual Abuse And Child Molestation Awareness Training And Examination Program Application

Please check the appropriate box. ☐ Initial Review ☐ Follow-up Review

For TDSHS Use Only:

Received Date: _____ Init. _____ Amt. Rcvd.: _____

Postmark Date: _____ FY: _____ Pymt. Type: _____

Rvw. Date: _____ Init. _____ Last Doc. Rcvd. Date: _____

Aprv. Date: _____ Init. _____ Print Date: _____ Init. _____

Issue Date: _____ Init. _____ Mail Date: _____ Init. _____

Name & Address Information *(Please provide the following information.)*

Name:		Phone #:
Mailing Address:		
City:	State:	Zip:
Email Address:		

Program Information

Training Program Name:	
Program Format: <input type="checkbox"/> Classroom Training <input type="checkbox"/> Videotape <input type="checkbox"/> Online <input type="checkbox"/> Other (describe) (Check all that apply)	
Program Length:	Number of Examination Questions:
Passing Score:	Number of Correct Questions Needed to Pass:

Do you want your training program information listed on the Youth Camp Web Page: ☐ Yes ☐ No

You must attach a copy of your training program, including the examination, with this application. If the training is an online course, you may send the training program access information.

Fees: Initial review \$125 Follow-up review \$125. **NOTE:** Application fees are non-refundable.

Send application, training program, and fees to the mailing address listed above.

Signature: _____	Title: _____
Name: _____	Date: _____
(Please print)	

Privacy Notification

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

*****Incomplete Applications and Improper Fees will delay the approval of your training program.*****